

ATTENTION:

Please do not complete this form. This form is only used to give you an idea of the questions we will ask when you apply. It will help you prepare for the interview.

**CERTIFICATE OF ELECTION
FOR REDUCED SPOUSE'S BENEFITS**

(Do not write in this space)


Paperwork/Privacy Act Notice: The authority for collecting the information requested on this form is contained in section 202q(5)(A) of the Social Security Act (42 U.S.C. 402q(5)(A)). Submission of the information requested is voluntary. The purpose for which the information is requested is to determine whether the spouse may be eligible to receive reduced benefits. Failure to provide any or all of the requested information will prevent payment of reduced benefits. Information you furnish on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between the Social Security Administration and another agency.

1. PRINT NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON (Hereafter called "Worker")	ENTER HIS OR HER SOCIAL SECURITY NUMBER ____-____-____
2. PRINT YOUR FULL NAME (First name, middle initial, last name)	ENTER YOUR SOCIAL SECURITY NUMBER (If "none" or "unknown" so indicate.) ____-____-____

A spouse's insurance benefit may be payable for months between age 62 and 65, even if you do not have in your care a child of the worker under age 16 or disabled entitled to a child's insurance benefit. However, since such benefit will be at a reduced rate and will continue at a reduced rate even after age 65, the law requires that we obtain a certificate of election if you wish to receive the reduced benefit. The amount of the reduction is 25/36 of 1 percent times the number of months from the start of the reduced benefits to, but not including, the month you reach age 65. In addition, if another beneficiary(ies) other than the wage earner (e.g., a student child beneficiary) is entitled to a monthly benefit on this Social Security number, election for a reduced spouse's benefit may cause a reduction in total monthly benefits. These reduced benefits may be paid for as many as 12 months before the month this certificate is filed. No reduced spouse's benefit may begin before the month you are 62. If you are eligible for retirement insurance benefits in the month this certificate takes effect, you will be considered to have applied for them.

3.	I elect to accept reduced benefits as provided in Section 202(q) of the Social Security Act, beginning with _____ (Month) (Year)
4.	Were you in the active military or naval service after September 7, 1939 and before 1968? <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Did you work in the railroad industry for 7 years or more? <input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE OF PERSON COMPLETING THIS CERTIFICATE

Signature (First name, middle initial, last name) (Write in ink)	Date (Month, day, year)
SIGN HERE 	Telephone Number (include area code)

Mailing Address (Number and Street, Apt. No., P.O. Box, or Rural Route)

City and State	ZIP Code	Enter Name of County (if any) in which you now live
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Witnesses are required ONLY if this certificate has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person completing this certificate must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and Street, City, State and ZIP Code)	Address (Number and Street, City, State and ZIP Code)

Paperwork Reduction Act Notice and Time It Takes Statement:

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 2 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.